



QCHP

المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Additional Attachments



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Attachment “1” - Break from Practice Policy



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Policy Name: Break from practice policy
Policy Code:
Version Number:
Developed by: Registration Department - QCHP
Reviewed by/Date:
Approved by/ Date:
Date Effective:
Date of Due Revision:
Validity:

DOCUMENT CONTROL

REVISION HISTORY

Name	Date	Changes	Version

REVIEWS BY REGISTRATION DEPARTMENT - QCHP

Name	Date	Organization/Position	Version



1. Introduction

As part of the council's mandate, QCHP is continuing to develop and/or amend policies to address concerns that will pose threat or risk to patient's safety. One of the issues that the council considered it to have an effect in the delivery of quality care is break from practice of health care practitioners. There are evidences that non practice of one's profession does impact on the person's skills, performance and competence that may affect licensing / maintenance of license processes

Break in practice policy aims to:

- Provide terms and conditions that will serve as guide for health practitioners with discontinued practice for some period of time.
- Define the length of discontinued practice which will constitute break from practice.
- Define the period of supervised practice that will be required for those practitioners with break in practice..
- Uphold the council's responsibility to ensure that public receives health care services from qualified/competent practitioners at all times.

2. Policy Statement

- All healthcare practitioners who have break from practice should undergo a specified period of supervised practice based on the duration of break prior to granting the license /renewal of license.
- QCHP/Registration team should abide with the break in practice policy

3. Definitions

Clinical practice- refers to activities undertaken by a health practitioner and uses his skills and knowledge in providing direct /indirect care to patients.

Non-clinical practice- refers to activities undertaken by a health practitioner that does not directly relate to the provision of patients care. However, there are also non-clinical activities which require professional knowledge within the roles and responsibilities of the healthcare practitioner that have an impact on the safe and effective delivery of healthcare services. These includes health care professionals working in administration and management, research, quality healthcare roles, education, regulatory and policy development among others.

Break in practice- is the period of time during which a health practitioner has not been working in their scope of practice or not in active clinical practice.

Supervised practice/ Clinical attachment- is a process whereby a health care organization/supervisor will accept to supervise the health care practitioner with break in practice in order to improve the practitioner's knowledge and competencies and provide opportunities for professional development.

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Recency of nursing practice means that a nurse or midwife has maintained an adequate connection with and recent practice in the profession/s since qualifying for, or obtaining registration.

4. Abbreviations

N/A

5. Scope

This policy is applicable to:

- Applicants who have break from clinical practice.
- Practitioners who previously held license in Qatar and planning to renew the license after a period of break from clinical practice.
- Practitioners who have been removed from the registry and planning to be restored after a period of break from clinical practice.

6. Procedures/Guidelines

6.1. Length of break

Table 1. Pharmacist, AHP, Nurse/Midwife, and Complimentary medicine.

Break from practice for less than 2 years	No additional requirements are needed*.
Break from practice for 2- less than 4 years	4 months supervised practice/ Clinical Attachment (full time)
Break from practice for 4-less than 7 years	6 months supervised practice/ Clinical Attachment (full-time)
Break for more than 7 -10 years	1 year supervised practice/ Clinical Attachment
More than 10 years	Not eligible to be registered

Table 2. Physician and Dentist

Break from practice for less than 2 years	No additional requirements are needed*.
Break from practice for 2- less than 5 years	6 months supervised practice/ Clinical Attachment (full time)
Break from practice for 5-10 years	1 year supervised practice/ Clinical Attachment



More than 10 years

Not eligible to be registered/licensed

6.2. Break from practice according to profession

6.2.1. Physician /dentists. Break from practice is constituted if the physician is not in active clinical role which involves activities such as patient examination, provision of patient care, , patient treatment, and delegation of medical activities to other health care practitioners, prescription of medications.

Note:

- Specialist physicians/ dentists - in certain specialties as public health, community medicine, preventive medicine and public health dentistry – are not involved in active clinical roles as the above mentioned in section 6.2.1. Their clinical roles involve activities such as community assessment, health awareness and strategic direction for population health programs.
- Specialist who has approved surgical privileges with break from practice should be considered for re evaluation of his/ her surgical privileges after completion of the required supervised practice.

6.2.2. Pharmacist. Break from practice is constituted if the Pharmacist is not practicing the profession.

6.2.3. Complimentary medicine. Break from practice is constituted if the health practitioner is not in active clinical practice.

6.2.4. Allied Health Practitioner. Break from practice is constituted if the health practitioner is not in active clinical practice.

6.2.5. Nurse/ Midwife. Break from practice is constituted if the nurse is not practicing the profession with all the practice domains identified in the national nursing regulatory standards approved by the QCHP .

6.2.5.1. Nurse/Midwife. Practice is defined as working in some capacity by virtue of licensure as RN or RM. It can include administrative, supervisory, teaching, research or managerial roles as well as providing direct patient care. Hence, break in practice is not constituted if the nurse/midwife is working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

6.3. Supervision. Health practitioners who have break from practice will be required to undergo a supervised practice/clinical attachment on a full-time basis. (Refer to table 1 and 2).

6.3.1. Direct supervision- the supervising practitioner is physically present with the practitioner and the patient.

6.3.2. Indirect supervision- the supervising practitioner is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.



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6.3.3. Oversight supervision The supervising practitioner is available to provide review of procedures/ encounter with feedback provided after the care is delivered.

For more information , please refer to the notes (7).

6.4. Eligibility of Supervisors.

6.4.1. Physician/Dentist. The supervisor should be a specialist in the same related field/speciality in a ratio of 1:2.

6.4.2. Nurse/midwife.

6.4.2.1. Nurse practitioner. If the nurse is returning to practice as nurse practitioner, the supervisor should be a nurse practitioner.

6.4.2.2. Nurse specialist. If the nurse is returning to practice as nurse specialist, the supervisor can be a nurse specialist or nurse practitioner in the same or related speciality / sub speciality.

6.4.2.3. Registered General nurse. If the nurse is returning to practice as RGN, the supervisor can be a nurse practitioner, nurse specialist or registered general Nurse.

6.4.3. AHP. The supervisor should be a technologist/ therapist in the same related field/discipline.

6.4.4. Pharmacist. The supervisor should be a pharmacist.

6.4.5. Complimentary Medicine. The supervisor should be licensed in the same related field/discipline.

6.5.5. Requirements before the commencement of the supervised practice/ Clinical attachment.

- a. Qatar ID
- b. Approval letter from the Registration department (supervised practice letter)
- c. copy of valid license of the supervisor
- d. copy of valid medical test
- e. No objection letter from the employer that the practitioner will have a supervised practice in their facility.

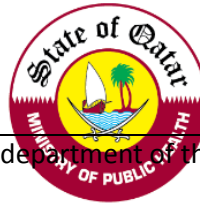
7. Notes

- Supervised practice should be commenced after the practitioner received approval from the Registration department. (if the supervised practice will take place in the state of Qatar)
- For physician, the supervised practice should be on an accredited educational hospital.
- Dentists, pharmacists, nurses and Allied Health Practitioners can be supervised in a licensed health Facility of the government and private sector.
- The applicant/practitioner must have QID as Family residency or sponsored by the place of work where he/she will have the supervised practice. On the other hand, secondment document from the Qatari Ministry of Interior will be accepted.
- The table 1 and 2 describes minimum additional registration requirements. In some cases, applicants –depending on their individual circumstances – may be required to undertake



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additional assessment to satisfy the registration department of their eligibility for registration.

- Healthcare practitioners who graduated of medical or other health sciences schools and have never practiced after graduation shall not be eligible for evaluation/ licensing.

8. Charts

For process map, please refer to the guidelines in each scope of practice.

9. References

- Circular 23/2016, QCHP registration department, www.qchp.org.qa
- Nursing and midwifery board of Australia, <http://www.nursingmidwiferyboard.gov.au/>
- Federation of State Medical Boards, <https://www.fsmb.org/>
- Royal college of Ophthalmologists, <https://www.rcophth.ac.uk/>

10. Related Policies

- Break from practice policy, PLC Minute 24 September 2008, paragraph 3
- Circular 23/2016, QCHP registration department

11. Attachments

N/A



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Attachment “2” - Photo Criteria Circular



Photo Criteria Circular

Circular No. (4/2014)

From	Dr. Jamal Rashid Khanji Acting Chief Executive Officer (CEO) Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All Healthcare Practitioners in the State of Qatar (governmental & private sectors)All Healthcare Facilities in the State of Qatar (governmental & private sectors)
Subject	Required Specifications of the Personal Photograph for Medical License Cards
Date	9 th March 2014

"The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments".

In order to comply with unified standards which befit the level of professionalism and in line with the prevailing culture in the State of Qatar, all healthcare practitioners and focal points in the healthcare facilities should attach a personal photograph having the same specifications as mentioned below:

- ❖ Recent photo reflecting the current appearance of the applicant
- ❖ Photo size: 45 mm high * 35 mm wide
- ❖ High quality without any line marks or creases
- ❖ Uniform and suitable lighting (not dark nor very light)
- ❖ White background color; the photograph must show the applicant alone without any other objects or people visible
- ❖ Facial features must be clear and should not be modified by any computer programs
- ❖ Women must maintain the natural skin color and avoid heavy make up
- ❖ Directly facing onto the camera, not tilted and must show both sides of the face clearly
- ❖ The applicant should be dressed formally, decently and suitably to the prevailing culture in the State of Qatar

All the above mentioned shall be effective immediately, knowing that any photograph which doesn't fit the above mentioned specifications will not be accepted.

Thank you for your kind cooperation



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Attachment “3” - Undertaking Letter for Expired Licenses



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UNDERTAKING

We, the undersigned hereby declare that we shall **cease the below mentioned healthcare practitioner from practicing** until the completion of the procedure to renew his/her license, we pledge not to repeat this mistake again and shall not allow any healthcare practitioner to practice with expired license in our facility.

- Healthcare practitioner's name :
- Profession:
- Scope of practice :
- License No. :
- Health practitioner's signature :
- Healthcare facility name :
- Medical Director name:
- Healthcare facility signature & stamp :
- Date :

Note: No practitioner is allowed to practice before receiving his/her medical license from QCHP; otherwise the application will be rejected, and the institution and practitioner will face disciplinary actions.

إقرار

نقر نحن الموقعين أدناه ، **بتوقف الممارس الصحي المذكور أدناه عن العمل** لحين استكمال إجراءات تجديد ترخيص مزاولة المهنة ، مع التعهد بعدم تكرار هذا الخطأ وعدم السماح لأي ممارس العمل في المنشأة قبل تجديد ترخيص مزاولة المهنة.

- اسم الممارس الصحي:
- التخصص:
- مجال العمل:
- رقم الترخيص :
- توقيع الممارس الصحي:
- اسم المنشأة الصحية :
- اسم المدير الطبي:
- توقيع وختم المنشأة:
- التاريخ:

ملاحظة: يحظر على أي ممارس من الاستمرار بمزاولة المهنة قبل الحصول على ترخيص مزاولة المهنة من المجلس القطري للتخصصات الصحية، وفي حال اكتشاف خلاف ذلك سيتم رفض الطلب واتخاذ إجراء تأديبي تجاه المؤسسة والممارس الصحي.



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Attachment “4” – Retrospective Verification of Academic Qualifications



Retrospective verification Circulars



المجلس الأعلى للصحة | دولة قطر
Supreme Council Of Health | State Of Qatar

Circular (15 /2013)

From	Dr. Jamal Rashid Al-Khanji Director, Healthcare Quality and Patient Safety Department
To	All Private Healthcare Facilities in the State of Qatar All Healthcare Practitioners in the Private Healthcare facilities in the State of Qatar
Subject	Retrospectively Verification of academic qualifications of the licensed healthcare practitioners working in private healthcare sector in the State of Qatar through DataFlow verification company
Qatar	11 September 2013

"Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments"

As part of its commitment to maintaining public safety, improving the medical services provided by the health sector; and in accordance with the recommendation of His Excellency The Minister of Health and Secretary General of the Supreme Council of Health, all private healthcare practitioners, who have been given annual practicing license before the implementation of verification process by Dataflow starting 2009, are requested to submit their Academic qualifications to the company, in order to be verified.

Please see the necessary guidance for the verification procedures through the following attachments:

- Attachment 1 / The procedures for submitting documents and follow-up request
- Attachment 2 / fee payment procedures

Thank you for your kind cooperation

Registration Department Team



المجلس القطري للتخصصات الصحية

QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

إدارة التسجيل

REGISTRATION DEPARTMENT

Circular No. (19/2014)

From	Dr. Jamal Rashid Al-Khanji Acting Chief Executive Officer (CEO) Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All healthcare facilities in the State of Qatar (Governmental/Private sectors)All healthcare practitioners in the State of Qatar (Governmental/Private sectors)
Subject	Update on Circular No. (15/2013) regarding mandate of retrospectively Verification of academic qualifications of the registered/ licensed healthcare practitioners prior to adoption of the verification system (2009) through Dataflow verification company
Date	23 rd November, 2014

"The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments".

As part of QCHP commitment to maintaining public safety, improving the medical services provided by the health sector; and in accordance with the recommendation of His Excellency the Minister of Health and Secretary General of Supreme Council of Health. All public and private healthcare practitioners, who are licensed before the implementation of verification process in 2009 by the accredited company (DataFlow), are requested to submit their Academic qualifications for verification and attach the proof of submission with the renewal application.

Please see the attachment, 'The procedures for submitting documents, follow-up fee payment procedures'. [LETTERHEAD 002.jpg](#)

Thank you for your kind cooperation

Regards,

Registration Team



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Attachment “5” – Employment Letter



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Date:

Employment Letter

This is to certify that the healthcare practitioner/
is currently employed by / from date/
and he is still working without break with the below mentioned details:-

- Profession:
- Scope of practice:
- License number:

We certify that all the above mentioned information is correct and we are fully responsible for these details.

Medical director signature

Facility stamp

Note: This letter is valid for 3 months from the issue date.



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التاريخ:

خطاب عمل

تشهد المنشأة الصحية/

يعمل لدينا من تاريخ/

بأن الممارس الصحي/

، ومازال قائماً على رأس عمله دون انقطاع حسب البيانات المدرجة أدناه:

- التخصص:
- مجال العمل:
- رقم الترخيص:

كما أننا نقر بأن جميع المعلومات المذكورة أعلاه صحيحة وأنها نتحمل المسؤولية كاملة فيما يتعلق بهذه التفاصيل.

توقيع المدير الطبي

ختم المنشأة الصحية

ملاحظة: هذا الخطاب صالح لمدة 3 أشهر من تاريخ الإصدار



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Attachment “6” – Undertaking Letters for Temporary Licenses



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For Facilities

Acknowledgment and Undertaking

Name of Institution/Healthcare Facility: _____

I, the undersigned _____, the medical director of the Institution/Healthcare Facility hereby undertake that the Institution/Healthcare Facility shall be fully responsible for the quality of the services provided by our healthcare practitioners who have obtained a temporary license by Qatar Council for Healthcare Practitioners. In the event of a medical error or negligence, QCHP will not be held liable in this regard. **I also acknowledge that I am fully aware of the conditions mentioned below and that they will be shared with all the concerned parties (focal points and healthcare practitioners)** as soon as they have been received and signed with all legal rights reserved to QCHP.

1- The licenses granted are temporary ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Accreditation and Licensing Department at the Ministry of Public Health, and may not be used in any other institution.*

2- Healthcare practitioners cannot apply for any type of request using this license (renewal, change place of work....).

3- No certificate of good standing will be issued depending on this license. However, a "To Whom It May Concern" letter can be issued mentioning the type of license.

4- This license will be cancelled after 6 months from the date of issuance and it is non-renewable.

5- Practitioners' QID must be issued within 6 months of the temporary license's issuance.

Date: _____ **Signature of the above mentioned:** _____

*Unless there is a formal agreement between QCHP and the above mentioned institution that states otherwise



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For Practitioners

Acknowledgment and Undertaking

Name of Institution/Healthcare Facility: _____

I, the undersigned _____, the practitioner aspiring to work in the Institution/Healthcare Facility mentioned above hereby undertake that in the event of a medical error or negligence, QCHP will not be held liable in this regard as long as I am holding a temporary license. **I also acknowledge that I am fully aware of the conditions mentioned below** as soon as they have been received and signed with all legal rights reserved to QCHP.

1- The licenses granted are temporary ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Accreditation and Licensing Department at the Ministry of Public Health, and may not be used in any other institution.*

2- Healthcare practitioners cannot apply for any type of request using this license (renewal, change place of work....).

3- No certificate of good standing will be issued depending on this license. However, a "To Whom It May Concern" letter can be issued mentioning the type of license.

4- This license will be cancelled after 6 months from the date of issuance and it is non-renewable.

5- Practitioner's QID must be issued within 6 months of the temporary license's issuance.

Date: _____ **Signature of the above mentioned**:** _____

Facility Stamp:

*Unless there is a formal agreement between QCHP and the above mentioned institution that states otherwise

** This form – once signed – must be attached to your online application for registration/evaluation



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Attachment “7” – Medical Fitness Declaration Forms



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For Healthcare Facility

Medical Fitness Declaration Form

Name of Institution/Healthcare facility

Dear QCHP,

I, the undersigned _____, the Medical Director of healthcare facility hereby declares that the Institution/healthcare facility shall be fully responsible for medical fitness to Practice for our healthcare practitioners who are seeking to renew their license. QCHP will not be held liable in this regards. We shall notify QCHP immediately in an event of any medical fitness issues. We also acknowledge that that necessary documents/evidence should be available upon request by QCHP.

Signature (Medical Director)

Facility Stamp

Date: _____



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For Practitioner

Medical Fitness Declaration Form

Name of Practitioner	
License Number	
Name of Institution/Healthcare Facility	

Dear QCHP,

I, the undersigned _____, the healthcare practitioner seeking to renew my license would declare that I am medically fit to practice and would notify QCHP in case of any medical incidents such as communicable diseases. I am aware that failure to make a full declaration of health condition may lead to removal of my registration and license to practice.

Practitioner Signature

Practitioner Stamp (if applicable)

Date: _____